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Neurocognitive outcome after preterm birth: Interest of the follow-up and the systematic evaluation

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Objective Preterm children can experience cognitive and behavioral difficulties being able to be responsible for school difficulties going to the academic failure. The aim of this study was to assess the cognitive process while insisting on the early screening from the preschool age.
Methods The data arise from the study of files and from the neuropsychological evaluations realized with the premature children followed in a regular way to the service. The premature children with or without motor disabilities more 4 and a half-years, old deficit integrated pre-school and ordinary school were included. The children with severe disabilities in upper limbs and the children having a mental deficiency were excluded.
Results 30 middle-aged children 7 years 5 months have been included. The prematurity is between 27–34. The born term has an effect on the performances in particular on attention and visuo-spatial capacities.
Conclusion The prematurity is a risk factor of the school future of the child. There is specially a negative impact on visuo-spatial and visuo-motor processes and those children present social and behavioral difficulties. It is mandatory to include the neuropsychological evaluation in any follow-up of premature child thanks to tests validated in the Tunisian context. It remains of great importance to identify effective interventions to improve the long-term neurocognitive outcomes.
Keywords Preterm birth; Longer-term outcomes; Cognition
Disclosure of interest The authors have not supplied their declaration of conflict of interest.
Further readings
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Anthropometric and nutritional assessment of children with severe cerebral palsy: About a Tunisian population

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Objective The aim of this study was to estimate the prevalence and severity of feeding and nutritional problems in children with severe CP (with multiple disabilities), in addition to assessing the presence of predictors factors, associated with nutritional status.
Patients and method This was a cross-sectional study of children with severe CP. Anthropometric measurements (body weight, knee height, mid-upper arm circumference, and triceps skin-fold thickness) were taken. Serum levels of ferritin, total proteins, albumin, lipid and vitamin D were measured. In addition, feeding times, the presence of gastrointestinal problems (drooling of saliva, vomiting, dysphagia, etc.).
Results We evaluated 46 children with a mean age of 6.8 years. Sixteen children had seizures and 34 children had orthopedic problems. The presence of oromotor dysfunction were noted in 70% of cases. 65% were constipated, and 65% had drooling of saliva. The meal was given in the majority of cases by the mother and feeding mean times was 40 minutes. The majority of parents described feeding time as stressful and unenjoyable. The average value of triceps skin-fold was 7.6 mm and mid-upper arm circumference was 15 cm. 42 patients had low serum ferritin and vitamin D deficiency was noted in 43.4% of cases. Anthropometric and values of biochemical markers were significantly lower in patients with severe comorbidities and gastrointestinal problems.
Discussion The results highlight that feeding problems, anthropometric, and biochemical markers of the nutritional status in children with severe cerebral palsy are common and severe. Many of these children would benefit from nutritional assessment and management as part of their overall care.

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Becoming of childhood's obstetrical plexopathies in Cotonou

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Obstetrical paralysis of the brachial plexus (OPBP) is one of the most handicaping pathologies of the thoracic member of childhood in African environment with diverse repercussions on the family [1].
Objective Estimate becoming of children affected by OPBP.
Method Transverse Study with descriptive and analytical aim, about 109 cases of OPBP followed in the department of Functional Reeducation and Rehabilitation (DFRR) of the CNHU-HKM of Cotonou from January, 2000 till December, 2009. These children were seen again in 2013 for the evaluation of their social and clinical becoming (articular mobility, strength and muscular trophicity).
Results The annual average frequency of the OPBP was 10.9. Cases were dominant with boys (54 %) and on the right thoracic member (57 %). The children are from 3 to 15 years old. The risk factors of OPBP were: multiparity (90 %), birth weight more than 4000 g (78 %), childbirth by low way (87 %), cephalic presentation (57 %). An average of 22 sessions of physiotherapy by child was made. The evolution of the clinical status was an improvement (50 %), a status quo (27 %) and a worsening (23 %). The clinical becoming was the obstinacy or the occurrence of orthopaedic deformations of thoracic member (15–40 %), limitation of joint motion (27 %), muscular atrophy (24 %), muscular paresis (61 %), various functional limitations observed on the thoracic member (13–53 %). Professional becoming of the children does not seem to be mortgaged: 83 % were schooled and 17 % apprenticed.
Discussion/conclusion Different strategies of taking care about OPBP remain still limited: diverse deficiencies persist at these child's. Prevention has to be the key word.